Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Hematology, Transfusion and Cell Therapy - HTCT**

**Declaration of Conflicts of Interest**

Title:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, submit for publication in the Hematology, Transfusion and Cell Therapy the article entitled: (article title).

I certify that (1) the study submitted has not received any financial support from pharmaceutical industry or other commercial source except those described below, and (2) neither I, nor any first-degree relative possess any financial interest in the subject approached in the manuscript.

Indicate in the table below, the type and nature of any relationship with private companies or nonprofit organizations that you or your first-degree relatives have or had in the last five years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF RELATIONSHIP | |  | NATURE OF COMPENSATION | |
| F | founder |  | Sh | share |
| O | owner |  | IPR | royalties/intellectual property rights |
| D | director |  | Sa | salary |
| S | shareholder |  | E | equipment |
| E | employee |  | FFA | funds from funding agencies |
| AC | advisory council |  | F | fees |
| C | consultant |  | MRF | medical residency funding |
| R | researcher |  | NR | no remuneration received |
| L | lecturer |  |  |  |
| O | other |  |  |  |

Company name:

Type of relationship:

Nature of compensation:

Date (day/month/year):

Signature(s):

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Author name Author name